

<b>Case Number:</b>	CM15-0041509		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	01/17/1997
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female, who sustained an industrial injury on 1/17/97. She reported low back pain. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbosacral of thoracic neuritis or radiculitis, calf joint pain, and myofascial pain. Treatment to date has included physical therapy. Other treatment included L5-S1 bilateral decompressive laminectomy, discectomy, and foraminotomy on 1/20/97, right shoulder joint injections and medications. A physical therapy progress report dated 1/16/15 noted the injured worker's left lower extremity strength was equal to the uninvolved side and the pain levels were decreasing. Currently, the injured worker complains of back and shoulder pain. The treating physician requested authorization for 6 aquatic therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**6 Aquatic Therapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** According to MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. (Tomas-Carus, 2007) There is no clear evidence that the patient have difficulty performing land based physical therapy There is no documentation for a clear benefit expected from Aquatic therapy. Therefore the prescription of 6 Aquatic Therapy Sessions is not medically necessary.